vi

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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1	PLACE OF DEATH	CERTIFICATE OF DEATH
	County Wicomies	Registration Dist. No. 333
	Village or City Ollew Md.	No. St. 7 We
	(lí	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
	m. vo 1	Os. How long in 0.3.11 of foleign dirtu: _,yrsmos
2	R. FULL NAME // Carvin Banks	
	(a) Residence: No. Allew (Vsual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	Male 4. COLOR OR RACE OR DIVORCED (write the word) On Divorced (write the word) Suigle	21. DATE OF DEATH (Month) (Day) (Yest)
5a.	11 married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased f
6. I	DATE OF BIRTH (month, day, and year) $8 - 12 - 32$	I last saw h alive on , 19 ; death is:
7. /	AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.
	2 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	8. Trade, profession, or particular kind of work done, as SPINNER,	from History of Core
	SAWYER, BODKKEEPER, etc. 9. Industry or business in which	Was acute oble Colletes INA
OCCUPAT	work was done, as SILK MILL, SAW MILL, BANK, etc	7,00
ŏ	10. Date deceased last worked at this occupation (month and year).	
	(100)	Other Contributory Causes of importance:
12.	(State or country) BIRTHPLACE (city or town) (State or country)	myra que fusa f
ER	13. NAME Rolla Jones	
FATHER	14. BIRTHPLACE (city or town) allew	Name of operation
	(State or country) Maryland	What test confirmed diagnosis? Was there an autopsy?
THER	15. MAIDEN NAME Museuril Banks	23. If death was due to external causes (VIDL ENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town) Allew (State or country) manufact	Accident, suicide, or homicide?, 19 Where did injury occur?, 19
17.	INFORMANT Walter Banks, (Address) alem md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL 'Friendship Cemetery Place Dalisbury Mil Date Oct. 13, 1932	Manner of injury
19.	UNDERTAKER Jugaco F. Stewart	24. Was disease or injury in any way related to occupation of deceased?
	(Address) talea buying	If so, specify
20.	FILED Oct 13, 19320 & may June	(Signed)
Co. CO. William	Registrar.	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

E	xample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MEW 7 INC	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RIPERATI VII	July 5,1927	Peritonilis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	53)
County / 1 Comuse	Registration Dist. No. 321
Village or City	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FILL NAME HEORGE P. Brand	2.
The state of the s	Mrs. Ward
(a) Residence; No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 30 ,1932
5a. If married, widowed or divorced HUSBAND of 7	(Month) (Day) (Year)
(or) WIFE of Virania of Bradley	22. HEREBY CERTIFY, That I attended deceased from
tra 15 idin	19.3 Z, to 19.3 Z doath is cald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than	I last saw h
8 / 10 /5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (wears) 11. Total time (years)	Carcingua aru + Chest
9. Industry or business in which work was done, as SILK MILL,	Squamous cell. Primary on back of
SAW MILL, BANK, etc	hand could
this occupation (month and year)	Devration: 3 years.
1000	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Replie Clistic
13, NAME SEVERY Bradley	myscardin Unic
14. BIRTHPLACE (city or town) Del.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME BUSY Lifes	23. If death was due to external causes (VIDL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
∑ (State or country)	Where did Injury occur?
17. INFORMANT Myrlle Cannon (Address) Newark, Del.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 1997.	Nature of injury
19. UNDERTAKER ILD Fraverson Hos. (Address) Sharploon. Mike	24. Was disease or injury in any way related to occupation of deceased? The
20. FILED 2+3/, 1937 This & Millaclase	(Signed) William Surich M.D. (Address) Helron - M.D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 7

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Example I	1,	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OTREAD V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF PEATH	(33)
County Theonico	Registration Dist. No.
Village or City Salishury	No Tenneula General Hospitalsi, 13
Length of residence in city or town where death occurred. Hyrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number mos. ds. How long in U.S. if of foreign birth? yrs mos.
and the state of the state of	a extent
2. FULL NAME GALAON 11. I Delive	St. 13 Ward.
(a) Residence: No/ So. Xuus (Usual place of abode)	St., 13 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor	D. 21. DATE OF DEATH
Male Thile Thurses	(Month) (Day) (Y
5a. If married, widowed, or divorced HUSBAND of C	22. 6 I HEREBY CERTIFY. That lattended decease
(or) WIFE of Cora Prewing to	2 let 10 13 10 les 21 15
6. DATE OF BERTH (month, day, and year) (1884)	I last saw her alive on Art 2/ 193 / death
7. AGE Years Months Days If LESS to	to have occurred on the date stated above, at. 7.157.m.
18 (1) I day, or min	
8. Trade, profession, or particular/ kind of work done, as SPINNER,	The Mill
SAWYER, BOOKKEEPER, etc.	Je 11 pure
9. Industry or business in which work was done, as SILK MILL Shirt - Factoris	/
11 10 Sate descend last worked at 11 Total time (years)	
this occupation (month and 1930 spent in this 30 year)	Guardana Caracidada da Caracidada da Caracida da Carac
12. Birthplace (city or town)	Other Coutributory Causes of importance:
(State or country) Malifland	Venne Sylvening
13. NAME Hilliam Brewington	; cleuts allalate of Henry
14. BIRTHPLACE (city or town). Manual A. State or country.	Nama of operation
(State of county)	What test confirmed diagnosis?
15. MAIDEN NAME (Mnil due as	23. If death was duo to externat causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Murisland	Accident, suicide, or homicide?
(118/11) 1015	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Saliahuu, Ma	F
18. BURIAL, CREMANION, OR SEMOVAL	Manner of injury
Place Falishury nd. Date 10/14/329	Nature of injury
19. UNDERTAKER The Will's Whiten 6.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salishay, M.	If so, specify
Oct 14.37 H May 1	(Signed) (Signed)
20. FILED LA 19 Of De Villay June	

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BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPA-

certificate.

See instructions on back of

TION is very important.

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

V. S. No. 1 N. B. STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		940)	, -
County Wicomico		Registration Dist. No. 33	7
Village or City Sharptown		NoSt	Ward
Length of residence in city or town where deat	UU	death occurred in a hospital or institution, give its NAME instead of street and to the death occurred in a hospital or institution, give its NAME instead of street and to the death occurred in a hospital or institution, give its NAME instead of street and to the death occurred in a hospital or institution, give its NAME instead of street and to the death occurred in a hospital or institution, give its NAME instead of street and to the death occurred in a hospital or institution, give its NAME instead of street and to the death occurred in a hospital or institution, give its NAME instead of street and to the death occurred in a hospital or institution, give its NAME instead of street and to the death occurred in the	
2. FULL NAME Ernest A	Brodey		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or lown and	State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. Male White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of Grace E. Br	odey	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 5.7 4	y 18 1875. Oays If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at. A. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)		angun Sectoris	Oate of onset
12. BIRTHPLACE (city or town) Mass		Other Contributory Chases of importance:	
# 13. NAME Theadore Br	odey		
H 13. NAME Theadore Br		Name of operation Oate of	
(State of country) Germa	ny	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIOEN NAME Ida Blo 16. BIRTHPLACE (city or town) (State or country) N.		23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide?	, 19
17. INFORMANT Grace E. Br (Address) Sharptown	odey	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	a) ACE.
18. BURIAL, CREMATION, OR REMOVÂL Place Sharptown	Date Oct, 13, 19 32	Manner of injury Nature of injury	
19. UNOERTAKER W. D. Grav (Address) Sharptow		24. Was disease or Injury In any way related to occupation of deceased? If so, specify	200
20. FILED Oct 1 13 , 1932 M	rary E, Mann Registrar.	(Signed) Ruhlman (Address) Shaufton Us	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

(em of infor-	should state	f OCCUPA-
	RECORD. Every it	Y. PHYSICIANS 8	Exact statement of
FOR BINDING	IS A PERMANENT	stated EXACTL	properly classified.
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	-WRITE PLAINLY, WITH	mation should be carefully	CAUSE OF DEATH in pla

V. S. No. 1 B ż TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11320
1. PLACE OF DEATH	3
County Nicomily	Registration Dist. No. 333
Village or City Salisbury Maryland	No. P. Bines st. Ext. St. 13 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs,mosds.
2. FULL NAME Many E. Carey.	
(a) Residence: No R D# 1/1, Eden / md.	St., 7 Ward.
(Usual place of bode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OCT. (Month) (Pay) (Year)
Sa. If married, widowed, or divorced HUSBAND of	
(or) WIFE of L / saac &. Carry.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) again 18. 1853	I last saw h alive on Coc 1 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
79 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
z 8. Trade, profession, or particular	Drakeho mullitus Date of onset
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SAWYER, BOOKKEEPER, etc. SAWYER, ETC. SAWY	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) Manyland	Janfin of tego
13. NAME Thomas Of years 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Maryland	Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Elizefelt Denston	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Chyefelf Denston 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
E (State or country) Maryland	Where did injury occur?
17. INFORMANT Villiam F. Rarey. (Address) Folia Manyland JR. D.#1.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BUDIAL GREMATION, OR REMOVAL France Oct. 5. 1932	Manner of injury
19. UNDERTAKER Holloway & C. (Address) & Lifere Manley	24. Was disease a injury in any way related to occuration of deceased?
20. FILED Det 3, 193 H. W. Way Junes Registrat.	(Signed) JM Estadorio M. D. (Address) Saliday M. D.
A	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arterioselerosis	DECEMBE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	BURRAU V.S.				
Other contributory ca			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Exact statement of OCCUPA-

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	46
County Liconico	Registration Dist. No. 333
Village or City Salishung	No. 700 M. Winision St. 9 Ward
	death occyrred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME This is frield Cre	lier)
(a) Residence: No. 790 M. Alvisir	St., 9 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ON (Month) (Ddy) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of V (Jesuar) A (Allie)	24. I HEREBY CERTIFY, That I attended deceased from
16.131.917	I last saw h alive on Oct 29 193 L death is said
6. DATE OF BIRTH (month, day, and year) (1) 2 / 186 / 1 7. AGE Years Months Days It LESS than	I last saw h alive on 27, 193; death is seld to have occurred on the date stated above, at Am.
65 8 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	were as follows: Outcommen of slavesch
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data daceased lest worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Maufland (State or country)	Dther Contributory Causes of importance:
13. NAME Milliam J. Anist 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
II TOURS TOURS	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) / March 16. State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT MAS J. J. C. Shells (Address) Saliahuus, M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Fallahung, Md. Date 10/31/32, 19	Nature of injury.
19. UNDERTAKER The Hill A Whatow G. (Address) Saliehung M.	24. Was disease or injury In any way related to occupation of deceased? 220 If so, specify
20. FILED Del 31, 1932. J. May June. Registrar.	(Signed) Allfly M. D. (Address) Aufulum Veril

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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ISES Date of onset
1 week ago
1 week ago
3 days ago
1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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Z	
vi.	
>	

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
sta UP	1. PLACE OF DEATH	(3)	
uld CC	County / Suconuco	Registration Dist. No. 336	
sho of O	Village or City Duon DElmour D3/	No. 4 St., death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
INS ent		ds. How long In U.S. if of foreign birth?yrsmos	ds.
CIA	2. FULL NAME Mortha Ellen ()	elling.	
SIG	(a) Residence: No.	St., Ward.	
HY t	(Usual place of abode)	If nonresident give city or town and State	
. PE	PERSONAL AND STATISTICAL PARTICULARS 3.9ÉX 4.00LOR OR #ACF 5. STROLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH	
>	Female Mute OR DIVORCED (write the word)	21. DATE OF DEATH Oct 22, 193 2 (Month) (Day) (Yea	or)
A C T L	5a. If married, widowed, or divorced		
X A class	(or) WIFE of allow & Creeking	1 HEREBY CERTIFY. That I attended deceased	from 32
	6. DATE OF BIRTH (month, day, and year) \ C 24-1868	I last saw h. 22 alive on Act 2 / , 1922; death in	s said
stated E properly certificate.	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 4 - m.	
stated proper ertifica	0 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as fellows:	onset
be lof c	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrome Millerly	
4	9. Industry or business in which	Anna les Probailation 2 %	er_1 .
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	The state of	
0 4 19	10. Date deceased last worked at this occupation (month and year) spart in this occupation		
plied. AGI	A PARTIEL OF CITY OF C	Other Contributory Causes of importance:	
d. , se	12. BIRTHPLACE (city or town) (State or country)	Forme Coma 4 4	P
supplied n terms, ee instr	13. NAME (Sacre Hastings	- Tollie of the	- Jan
	T 14 RIDTHDI ACE (site or town)	Name of aggretic	
y sul ain t See	14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?	
ull pl	15. MAIDEN NAME FRANKS		
be carefu EATH in primportant.	15. MAIDEN NAME Semitta Derdey 16. BIRTHPLACE (city or town)	If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
C. C. DOI	(State or country)	Where did injury occur?	
	17. INFORMANT allen & Cucins (Address) Danier & Dalin	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
7.0	18. BURIAL CREMATION, OR REMOVAL MANAGEMENT	Manner of injury	
<u> </u>	prosper Com Data Oct 25 1982		
mation s CAUSE TION is	19. UNDERTAKER PLILE & Marvel (Address)	24. Was disease or injury in any way related to occupation of deceased?	
	20. FILED & et 22, 1932 Trung Denne	If so, specify (Signed) (Signed)	.M. D.
(1)	Registrar. If more blanks are needed, address State Parastran	(Address) Affra Law Law Law Law Law Law Law Law Law La	
	, more than are necessary address state Registrar,	sque 14. Chance Street, Dammore, Requesting 'O. S. No. 1.	

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10 .- The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1915	Attack of amilanou	
	Author of epitepsy	1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	July 5,1927 May 1,1923	Other contributory causes of importance:

STATE OF MARYLAN PHYSI-PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. classified EXACTL (If death occurred in St.: Ward) be stated EXACT be properly class ck of certificate. a hospital er institution, give its NAME is stend of street and number.) MEDICAL CERTIFICATE OF DEATH 5 SINGLE, Den 4 COLOR OR RACE 3 SEX 16 DATE OF MARRIED. ay be WIDOWED. CR DIVORCED (Month)-(Write the word) I HEREBY CERTIFY, That attended the deceased 6 DATE OF BIRTH 40 uction C.Jonth (Dav) and that death occured on the date stated above, at 12 If LESS than 7 AGE I day hrs. The CAUSE OF DEATH pplied min.? mos. OCCUPATION (a) I rade, profession or plain 1 Particular kind of work (b) General nature of industry rtant. business, or establishment in ū which employed er (employer) Contributory impo Secondary 9 BIRTHPLACE (State or country) W 10 NAME OF 0 FATHER 0 11 BIRTHPLACE O W *State the Discase Causing Death, or, in deaths from OF FATHER Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. S CO ARENT ation CAU (State or country) 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For hospitals, Institutions, Trans-OF MOTHER inform 00 ients or Recent Residents) B. state CCU 13 BIRTHPLACE In the At plane State ... yrs. . mos ds OF MOTHER of death vrs.....mos..... (State or country) Ö Where was disease contracted, if not at place of death?...... 0 to 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Ci Of shou Former or NRITE Every item CIANS sho statement item usual res.dence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL ADDRESS If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Batto., Requesting V. S. No. 1.

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or

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. should be used only when needed. As example:: cases, especially in incustrial employments, it is necestion applies to each and every cupation is very important, so that the relative health Statement of Occupation Precise statement of ocstate occupation at beginning of illness. If retired from additional line is provided for the latter statement: it the first line will be sufficient, e g. . Termer or Planter, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," et .. worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Physician, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed report specifically the occupations of Foreman, engineer. For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coul mine, etc. Womyrs). (b) Cotton mill; (a) Salesman. without more precise specification as Compositor, (b) For persons who have no occupation Stetionery fireman, it. Automobile factory. The material Archi'cel. person, irrespective of Locomotive engineer, But in many (b) Grocery. persons en-The ques-

Statement of Cau e of Death—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation, along always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synchym is "Epidemic cerebrospinal menic, itis"); Diphtheria, avoid use of "Croup", Typhoid fever (never report "Typhoid Pneumonia".

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stited unless important. Example: Measles (disease inges. perilonaeum, etc., Carcinoma, Sareoma,, etc., of " Uraemia, causing (secondary use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory or as probably such, if impossible to determine ded itely. and qualify as ACCIDENTAL, SUIGIDAL, or HOVIGT A taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences e g., servis curbolic acid-probably suicide. The nature of the injury, accident; Revalver wound of head-homicide; Posto ed by American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, cough, or intercurrent) Committee on Chronic etc. affection need valvular heart disease; Nomenclature of the The contributory " "Convulsions, Mensles ; not be

If this certificate is broked over thoroughly and all questions answered in defail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permaneably filed.

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7	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECC	, WITH	UNFADIN	C IN	K-T	HIS	IS A PE	RMANENT	RECC
(mation should be carefully supplied. AGE should be stated EXACTLY. PF	refully :	supplied. A	GE S	hould	be	stated E	XACTLY	PF.
1	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	in plair	n terms, so t	hat it	may	þe	properly	classified.	Exact
)	TION is very impor	tant. Se	ee instruction	no su	back	of i	certificate		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11324
1. PLACE OF DEATH	4 4 4
County Milonilo	Registration Dist. No. 333
Village or City I ruitland md	No. St., 6 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos, ds.
2. FULL NAME Mary & Dunger	
77	Ct Ward
(a) Residence: No. (f. H. Multand Tild (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR_DIVORCED (write the word)	21. DATE OF DEATHOET 18
Jemale aa. Single	(Month) (Day) (Year)
M. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	grey 26 1932 to Oct. 18 1932
6. DATE OF BIRTH (month, day, and year) May 28 /9/6	Tlast saw Noew alive on O J/6 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 7.30 m.
16 6 28 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trada profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Juliany Interculous Gladuan
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at July this occupation (month and	
work was done, as SILK MILL, Domestile SAW MILL, BANK, etc.	
10. Date deceased last worked at July this occupation (month and year) 19 3 2	
\mathcal{D}	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - H suchand (State or country)	
Ξ (, , , , , , , , , , , , , , , , , ,	
[14. BIRTHPLACE (city or town). an authority (State or country)	Nama of operation Date of
W 15. MAIDEN NAME + fallie Conile	What test confirmed diagnosis? Was there an aulopsy?
E / P	23. If death was due to externat causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Sall full (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
m. 41 TT: 10	(Specify city or town, county and State)
17. INFORMANTALO HALLE AVENCE	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hansten Cent Date Off 20, 19.32	Nature of injury
Jan Althory	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER To Student (Address) Sulveying Once	If so, specify
11 2 2 2 2 2 DE OF	(Signed) M.D. M.D.
20. FILED LCS 20, 1992 V. May Surve Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. NO. I.
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Exery item of infor-MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11323
County Willowich	Registration Dist. No. 33/
Village or City Bivalue ella	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 3 yrsmo	ds. How long in U.S. if of foreign birth? yrsmos. ds.
2. FULL NAME Margaret C. A	unn
(a) Residence: No. (Afficiative Mod	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale White or DIVORCED (rurine the word)	(Month) Z (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Handle Munn	22. Out 2 HEREBY CERTIFY. That I attended deceased from
C DATE OF DIDTH (mostly down and mostly did as & 18.5° 3	I last saw h alive on left 2 8- 1932 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the dale stated above, at /a-a -m
79 Sud 82/ Iday, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Tendo protección os posticulos	ate of onset
of lade, profession, of particular wind of work done, as SPINNER, House wife sawyer, BOOKKEEPER, etc.	501 2119
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Throng repholo
O ID. Date deceased last worked at 11, Total time (years)	
this occupation (month and year) spant in this year)	
12. BIRTHPLACE (city or town) Ballimore	Other Contributory Causes of importance:
(State or country)	
13. NAME William Warehomn	
14. BIRTHPLACE (city or town) Ballinggel	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sidget Walter	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) & Biraly	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT. Character Williams. (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Liveline of a Date That U. 1. 193	Nature of injury
19. UNDERTAKER My Level Lessietz & Jones (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Och 29, 19.32 P. Worlford Wals	(Signed) nortunks M. C
A Registrar.	(Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11326
1	L. PLACE OF DEATH	59
	County Hilomies	Registration Dist. No. 333
	Village or City Salustary Md.	No
	Length of residence in city or town where deeth occurred	ds. How long in U.S. if of foreign birth? yrs mos
2	2. FULL NAME Margant Clem 7.	relds
	(a) Residence: No. 413 / Smith st. Salister	13 Ward.
	(Usual place of abode)	It nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAY OR CED (ways che ford)	21. DATE OF DEATH OUT. (Month) (Year)
58.	HUSBAND of Elmur J. Flields	22. HEREBY CERTIFY. Thet I attended deceased fr
6.	DATE OF BIRTH (month, day, and year) Fuel. 19, 1885	I last sew h elive on, 19; death is s
	AGE Years Months Days If LESS than	to have occurred on the date steted ebove, a 230 Pcm.
	47 8 6 I dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Z.	8. Trede, profession, or particular	Sylves Premie def
PAIION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
PA	9. Industry or business in which work was dona, as SILK MILL,	
OCCO	SAW MILL, BANK, etc	
0	this occupation (month end spant in this occupation	
12	BIRTHPLACE (city or town) Shad Print	Other Contributory Causes of importance:
14.	(State or country) mayland	Diabelis heellele ?
HER	13. NAME Livin (Carey.	
FATH	14, BIRTHPLACE (city or town) Frenthang of med.	Nema of operation
_	(State or country) mayland	Whet tast confirmed diagnosis? Was there an autopsy?
HER	15. MAIDEN NAME Sacal Billie	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOH	16. BIRTHPLACE (city or town). Delman	Accident, suicide, or homicide?
Σ	(Stete or country) Mayland	Where did injury occur? (Specify city or town, county and State)
17.	(Address) 413, Shull st. Jabety	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Pleconad Pout Compete OUT- 25 1/19 32	Manner of injury
19.	UNDERTAKER Hollowy of Co. (Address) Salusting Mod.	24. Was diseesa or injury in eny way reletad to occupetion of deceased?
	FILED (Oct 25; 32+ Ir Mar June	(Signed) January

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example II	
f death and related causes follows:	Date of onset
	1 week ago
	1 week ago
	3 days ago
uses of importance:	
1	1 year
	A

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state

Exact statement of OCCUPA-PHYSICIANS should

stated EXACTLY.

AGE should be

mation should be carefully supplied.

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

N. B.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 11327
1. PLACE OF DEATH	(31)
County Wicomico	Registration Dist. No. 333
Village or City Salsbury	No. Terrinsula General Hospital St., 13 Ward
A (If	death occurred in a hospital or institution, give its NAWIE, instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME & araw to + 1990.	
(a) Residence: No. Horfland (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Tennale Married Married	21. DATE OF DEATH OF 28 193 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of July 4. Fugger	22. I HEREBY CERTIFY, That I attended deceased from June 1972, to Oel 28 1932
6. DATE OF BIRTH (month, day, end year) Abril 9, 1856	Chlast saw h. 2 alive on Q = 28, 1932, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
76 6 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	AmoBnglo Disease 1930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) It orcester Co.	Other Contributory Causes of importance:
(State or country)	Chrone Valendar Heart Direce Victime
13. NAME Luther Bridgell. 14. BIRTHPLACE (city or town). Wassater Co.	
14. BIRTHPLACE (city or town). Is assisted to . (Stete or country)	Name of operation Date of What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME May Whyson	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Workenter Co.	Accident, suicide, or homicide?
17. INFORMANT Mrs. Margie Dew Graces (Address) Collings word new Versey	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Passons Cens. Salshipate Uct. 30, 19 32	Nature of injury
19. UNDERTAKER The Hill of Johnson Co. (Addiess)	24. Was disease or injury in any way related to occupation of deceased?

Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	Ti-	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gattstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Charles - Charles

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF 1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH	11329
County Wisconsiss		Registration Dist. No.	12.32
1, 000, 100000	Λ		909
Village or City Please Me	(I	No. If death occurred in a hospital or institution, give its NAME instead of str	St., Ward
Length of residence In city or town where death	: []	sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Theodoric	e le Gorde	10	
(a) Residence: No. (ls. al	vre.	St. 5 Ward.	
	(Usual place of abode)	If nonresident give city or to	The second secon
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEA	
	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	2 a.m.
Female White 1	Gidow.	(Month) (Oay)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of	O_{1}		
(or) WIFE of Haus	on J. Gordy.	1 HEREBY CERTIFY That a	73
DATE OF BIRTH (most)	9,7 1857	1 1 2-	9 1932
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	9. 1852. Oavs If LESS than (1 1 9 B	19.3.3; death is sald
80 /	2 / 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importan	ce
	26 ormin.	were es follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	miselocobor	De a Da Da	2
9 Industry or husiness in which	N. 1999 100 100 100 100 100 100 100 100 10	·	
work was done, as SILK MILL, SAW MILL, BANK, etc	/		
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupation		
12. BIRTHPLACE (city or town) - Wiscom	ico Co.	Other Contributory Causes of importance	2-20
(State or country)	rangland.	Sectional	
13. NAME James Olip	hast.		
14. BIRTHPLACE (city or town)	Nicomico.	Name of operation	ate of
(State or country) Man	pland.	What test confirmed diagnosis? Wes th	ere an au'opsy?
15. MAIDEN NAME Mary B	enjaton.	23. If death wes due to external causes (VIOLENCE) fill In elso the f	ollowing:
16. BIRTHPLACE (city or town)	comite o Co.	Accident, suicide, or homicide? Oate of injury.	
(State or country)	angland.	Where did injury occur?	
7. INFORMANT MAN LAW ES.	Gordy.	(Specify city or town, county Specify whether injury occurred in INOUSTRY, in HOME, or in PUB	and State) ILIC PLACE.
8. BURIAL, CREMATION, QR REMOVAL (),	Laryland.	Manage of Indiana	******
Place O Liphant Bury was	10 F 11 20	Manner of injury	
de 11:00 08	Walnus A. A.	reactive of injury	
9. UNDERTAKER / 11 / 11 / 11 / 11 / 11 / 11 / 11 /	11 and	24. Was disease or Injury in any way related to occupation of decease	sed?
VIII 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	14 1 7/1/10/1	If so, specify	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago 1915 Arleriosclerosis PETERNER 1 week ago Run over by street car Chronic interstitial nephritis 1921 3 days ago July5,1927 Peritonitis Cerebral hemorrhage RITERIO ATT NO OF Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis 1 year Gallstones May 1,1923

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

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1. PI	STATE C	F MARYLAND-	——— 3	330
C	County Wirry	cer	Registration Dist. No. 236	
V	'illage or City made	la Things	No. St.,	Ward
	angth of rasidence in city or town where c		(If death occurred in a hospital or institution, give its NAME instead of street and os ds. How long in U. S. If of foreign birth? yrs, m	
(a) Residence: No.	(Usualplace of abode)	St., Ward. If nonresident give city or town and	State
F	PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX		5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Yaar)
5a. If ma HUS (or)	rried, widowed, or divorced SBAND of) WIFE of		22. I HEREBY CERTIFY, That I atlended	deceased from
6. DATE 7. AGE	OF BIRTH (month, day, and year) Oc Years Months	Days If LESS than 1 day, hr	to have occurred on the date stated above, at/om. The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death is said
CUPATION	Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	or min.	were as follows:	Date of onset
12. BIRT	Oate deceased last worked at this occupation (month and year) HPLACE (city or town) Mande State or country)	11. Total time (years) spent in this occupation ya Jining	Other Contributory Causes of importance:	
	NAME archis low	udy		
14. E	BIRTHPLACE (city or town) Mus	dela Thisuga	Name af operation	
	(State or country)	no	What test confirmed diagnosis? Was there an	autopsy?
16. I	BIRTHPLACE (city or town) Mark (State or country) RMANT MASSES Address)	da borry	23. If death was due to external causes (VIOLENCE) filt in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and States Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	, 19 te)
18. BURI	AL, CREMATION, OR REMOVAL	Date Ochora 30/19 >	Manner of injury	
	ertaker Housing Address) T-41932, 19	Hoberton Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	- MARYLAND-	CERTIFICATE OF DEATH	21
1. PLACE OF DEATH		- B	OL
County / Jacons	Cold-word	Registration Dist. No. 336	
Village or City 10 Z	on Del	NoSt.,	War
Length of residence In city or town where dea		f death occurred in a horpital or institution, give its NAME instead of street and	
A	E H	A. A	1105
2. FULL NAME	allon 189	weenings.	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	a Dinto
3. SER 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Imale White	OR DiVORCED (write the word)	(Morth) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	13		
(or) WIFE of) seastheal	Hastman	22. I HEREBY CERTIFY, That I attended	d deceased fro
PATE OF BIRTH (TOTAL)	1261841	19.3.3. to CT 10	, 19.53-
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	a; death is sa
91 (/5)	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular	l ormin.	were as follows:	Date of ons
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	X Home_	1000	1.00
9. Industry or business in which work was done, as SILK MILL,		I left thoughtely va	2.00
SAW MILL, BANK, etc			
TO. Data deceased last worked et this occupation (month and year)	11. Total tima (yaars) spant in this		
/	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town). (Stata or country)		7	
1	- It :	Coma.	- 2. da
	arings		
14. BIRTHPLACE (city or town) (State or country)	1111010	Name of operation Date of _	
	E A	What test confirmad diagnosis? Was there an	
1	camain	23. If death was due to external causes (VIOLENCE) fill In also the following	
16. BIRTHPLACE (city or town) (State or country)	ANNOW	Accident, suicide, or homicide? Date of injury	, 19
em de	6	Where did injury occur? (Specify city or town, county and St	ite)
17. INFORMANT (Addrass)	ang -	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
8. BURIAL, CREMATION, OR REMOVAL	201	Manner of injury	
Place P. Con Sant	Type Oct 22 1982	Nature of injury	
INDEPTAGE MILLE & 1	nauvel	24. Was disease or injury In any way related to occupation of deceased?	
19. UNDERTAKER 1991	811	1850, specify	
20. FILED Oct 22 132 W	of Bus	(Signed) 17-13 mcl	M
20. 11.00	Registrar.	(Address) Jackson 1	art
If more bla	nks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE (OF MARYLAND-	CERTIFICATE OF DEATH	11332
1. PLACE OF DEATH		1847	hho
County Milonie		Registration Dist. N	o. 393
Village or City Jacka	Walkin	No. f death occurred in a hospital or institution, give its NAME instead	St., — Ward
2. FULL NAME Of Cond (a) Residence: No. Pack		s. ds. How long In U.S. if of foreign birth?	s ds.
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Lutalia (Month) (B	, 193. <u>193. 193. 193. 193. 193. 193. 193. 193. </u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	_	22. I HEREBY CERTIFY, Tha	
6. DATE OF BIRTH (month, day, and year) // 7. AGE Years Months	Days If LESS than 1 day, hrs. or min.	I last saw h alive on to have occurred on the date stated above, atm	oortance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	thus lbay and 11. Total time (years) spent in this occupation	death due to gun a wound though he as cleath instantaneous no inque	Prot.
12. BIRTHPLACE (city or town) Israel (State or country) 13. NAME Palest Jay 1 14. BIRTHPLACE (city or town) Albert	lica mid phington	Other Coutributory Causes of importance: Name of operation	Date of
(State or country)	10 h	What test confirmed diagnosis?	Vas there an autopsy?
15. MAIDEN NAME TILLY 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT TILLY (Address)	antile and le	23. If death was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide? Accident, Date of I Where did injury occur? Accident Specify city or town, or Specify whether injury occurred in INDUSTRY, in HOME, or in the control of the cont	njury 9/19 1937
18. BURIAL, CREMATION, OR REMOVAL Place Franchice Cos	md Olt 2 2, 1932	Manner of injury gum shut diach Nature of injury awad Amuseyn A	mard gendent
19. UNDERTAKER (Address) Solution 20. FILED Det 22.1932.	May June	24. Was disease or injury in any way related to occupation of If so, specify (Signed) S-7 a Whyte-Cu (Address) Authority,	month M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, nainter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
NOV 2 1032			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11333
1. PLACE OF DEATH	
County Milamila	Registration Dist. No. 33/
Village or City Hebron	No. St., Ward
Length of residence in city or town where death occurred yrs. 6 mos 2. FULL NAME Tank Language 2. FULL NAME Tank Language 4. Marchael Language 4. Marchael Language 5. Marchael Language 6. Mos	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long la U.S. if of foreign birtb?yrsmosds. St., Ward.
(a) Residence (196.) fell of (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Partiel Midowed, or divorced	21. DATE OF DEATH Celebration 23 rd 193 2 (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
710-10-0	-, 19 , to , 19
6. DATE OF BIRTH (month, day, and year) file 25 173	- I last saw h ; death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the data stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Infant, apparently digisting
kind of work done, as SPtNNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and this pocunation (month and specific property).	no mutulary - me inquest
O 10. Data deceased last worked at this occupation (month and year) year)	
12. BIRTHPLACE (city or town) Walhafreague (State or country)	Other Contributory Causes of Importance:
13. NAME / Lemas Glen 14. BIRTHPLACE (city or town) Walk of severy 1.	
(State of Country)	Name of operetion Date of Was there an autopsy? Au-
15. MAIDEN NAME Ourgina Jones	23. If death was due to external causes (VIOLENCE) fill in elso tha following:
16. BIRTHPLACE (city or town) Daniel quarter (State or country)	Accident, suicide, or homicida?
17. INFORMAN Per Lee Jones (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL THE Date Del 23, 1932	Manner of injury .
19. UNDERTAKER Las H Stewart (Address) Salishum and	24. Was disease or injury in any way related to occupation of decaased?
20. FILED OCK NY., 1934 Miss & M Wallse	(Signed) S. 7Ly lighte Currie M. D. (Address) Salisburg VIII

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II			
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1931	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
MARKAU V					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
* * *					

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

If more blanks are neefled, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1,

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V.S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registrar.

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1931	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Perilonitis Other contributory causes of importance:		

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Wecomico	Registration Dist. No. 333
Village or City Salso Peners	ultor General Hospital St. 13 Ward
(If	death occurred to a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth? yrs mos ds.
2. FULL NAME Mr. Samuel Morry	
(a) Residence: No. 5.15 Howard St, Jal	listbury ward. Nd.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	October 9 h 1932
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE OF Chimel Polinghy.	10-3 ,19.32,10 ,10-9 ,19.32
6. DATE OF BIRTH (month, day, and year) Quy 13-1869	t last saw h in alive on Oct. 9 9 9:30 P. 18 3 2 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 24 Iday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
4 8 Trade profession or particular	Date of onset
kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL. Proviously RR. Conduct SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and this propagation (month and separation this server).	Mun Jet of Mylinter
9. Industry or business in which work wes done, es SILK MILK.	
SAW MILL, BANK, etc. Trunomsky & J. Contings 10. Date deceased tast worked at M. Total tima (years)	licet the localing
O 10. Date deceased tast worked at this occupation (month and year) occupation (month and year)	to Heart
() Octobation	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) The Company (State or country)	
14. BIRTHPLACE (city or town) regers arms a	
4 14. BIRTHPLACE (city or town) ulfu (Mull)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Clipabeth me hatt	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BERTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country) Heavail	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Statesty It. January	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) La Chievana, Mik.	
Place Centravelle Med Date Oct 1/ 1932	Manner of injury
A MADALI	Nature of Injury
19. UNDERTAKER COLORUS GOLIN	24. Was disease or injury in any way related to occupation of deceased?
(Address) Centurally Mid	tf so, specify A Same
20 FILED JC 199 Jay June	(Signed) MD.
. Registrar.	(Address) MALLY

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	FHRTHER	STATEMENTS	RV	PHYSICIAN
TEMPTIONAL	ST Trois	LOI	L OWITHING	STATISMITMI	T) T	LHIBIOIMA

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING BAWRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	152)
County lleicomico	Registration Dist. No. 393
Village or City Truelland and	No. St., /6 Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s. A / ds. How long in U.S. if of oreign hirth?
2. FULL NAME Wrendal O Connell	Lanford almos
(a) Residence: No. Fruelland, Mo	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 12 193 Z
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sell 20 1932	I last saw h alive on 19 ; death is sai
6. DATE OF BIRTH (month, day, and year) Sefet 20 /932 7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
Frade, profession, or particular kind of work done, as SPINNER,	From Healow J Cane
SAWYER, BOOKKEEPER, etc.	John Dud of himovihage
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occuration (month and	from none This aid to
SAW MILL, BANK, etc	Smothing or Crushing in
this occupation (month and spant in this vear)	bud, jugs found allad
you)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Thulland	by mother who was
(State or country) md	- Slepping with W.
13. NAME Lewes Dlanford	
13. NAME Lewes Stanford 14. BIRTHPLACE (city or town) fruitlond	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jana Halmer	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Jara Galmer 16. BIRTHPLACE (city or town) Philogel folica (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Pa	Where did injury occur?
17. INFORMANT Cara Galines (Address) Figuilland and	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placo Public Cem md Date OCt 12, 1952	
19. UNDERTAKER Joines & Stewart	24. Was disease or injury In any way retated to occupation of deceased?
(Addresse & alishing ond	If so, specify A A A
20, FILED Oct 12, 1932; Flag Tuner	(Signed) Afficial County Hypolem.
A	r, 2411 N. Charles Street, Baltimore, Requesting U. S. Ng. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example Y		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V
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STATE OF MARYL	AND—CERTIFICATE OF DEATH 1133
Village or City Salishury	Registration Dist. No. 333 No. 1014 G. Assistance of St. 3- (If death occurred in a horpital or institution, give its NAME instead of sireet and number, mos. ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL NAME Laytan () (a) Residence: No. J. S. alystam (Usual place of abo	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (2017) Malla Warrie	ice the word)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M.W. Maria Land	Leer 22. I HEREBY CERTIFY, That I attended decease 1928, to 19
59 1 15 10	I last saw h alive on Signature of the date stated above, at 120 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	his
12. BIRTHPLACE (city or town) Wichmico C. (State or country) Manys	Other Contributary Causes of Importance:
14. BIRTHPLACE (city or town) 2 V SECONDED (State or country)	Name of operation
I 15. MAIDEN NAME Charlotte of Jac	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Charlotte Trace 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME (State or country) 16. BIRTHPLACE (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Mr. Joseph To Jacket Market	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Larsons Cenn. SalishuyDate Lot. 2	2.19.32
19. UNDERTAKER The Hill of Johnson (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 100 2, 1932 U. 11 Jan 1	Registrat. (Address) Lakely W.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1916	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 Julyō,1927	1916 Attack of epilepsy 1921 Run over by street car July 5,1927 Poritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.—

	JF MAR	YLAND-	CERTIFICATE OF DEATH	11339
1. PLACE OF DEATH			95-6)	339
County Milomila			Registration Dist. No.	300
Village or City of suttlan	id.	(16	No. St death occurred in a hospital or institution, give its NAME instead of street	t and number)
Length of residence in sity or town where	death occurred	yrcmos	ds. How long in U.S. if of foreign birth?yrs	mos ds.
2. FULL NAME Sarah	Parsos	20		
(a) Residence: No. Firuella	nd m	22	St., Ward.	
DE DECOMAL AND CONTROL	(Usual place		If nonresident give city or low MEDICAL CERTIFICATE OF DEAT	All States and the same of the same of
3. SEX 4. COLOR OR RACE	1	RRIED, WIDOWED,	21. DATE OF DEATH	IH
Semale a.a.		D (write the word)	Cetober 24 (Month) (Day)	. , 193. 2 (Year)
ba. If married, widowed, or divorced			(month) (bay)	(1681)
HUSBAND of (or) WIFE of	-		22. I HEREBY CERTIFY, That I ette	ended deceased from
6. DATE OF BIRTH (month, day, and year)	. 41	1890	Hast saw have alive on October 24 19	32; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 3 P.m.	
42 4	28	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	,
8. Trade, profession, or particular kind of work done, as SPINNER,				Date of onsot
SAWYER, BOOKKEEPER, etc.	no		Organic Strart Disesse	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	I omes 1	te.	V	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and)	SD2	nt in this 30		*****
year)/9-3-2	003	upation 3	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) 41 will	and			
(State or country) And	_			
13. NAME Acra Wils 14. BIRTHPLACE (city or town) Prince (State or country)	on	-		
14. BIRTHPLACE (city or town) Press. (State or country)	les Un	nly	Name of operation	
	-1na		What test confirmed diagnosis? Was ther	
H A A A A A A A A A A A A A A A A A A A	Mexo	-	23. If death was due to external causes (VIOL ENCE) fill in also the fol	
(State or country)	Mana	and .	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Many Mary M	insh!	-	(Specify city or town, county as Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBL	nd State) IC PLACE.
(Address)	17 rui	tlandma	·	
18. BURIAL, CREMATION, OR REMOVAL	me in o	×-77	Manner of Injury	
Place ML Calvery Clan	Date	1932	Nature of injury	
19. UNDERTAKER Jas 7. Steine	art		24. Was disease or injury in any way related to occupation of decease	d? 100
(Address) / Salesher	y m	d	If so, specify	
20. FILED UCS 27, 1932 V	T. May	June	(Signed) Aglis have	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The-number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	in the second	Example II	di-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
15			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI,	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY PHYSICIA
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RIT	ation
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	BWR

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
1	L PLACE OF DEATH	92-00
	County / Commen	Registration Dist. No. 903
	Village or City Oaksbury	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred	
2	2. FULL NAME Marina J. Office	lipy
	(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 27 193 2
5a.	If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
	(or) WIFE of Joseph M. Phillips	22. HEREBY CERTIFY That Lattended deceased from
6. 1	DATE OF BIRTH (month, day, and year) JEb 124 1857	I last saw her alive on Marcy 28, 1932; death is said
7. /	AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at
	8/ 8 /5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Valuatos Hearthere Sol
OCCUPAT	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	T / Com
000	1D. Date deceased last worked at this occupation (month and year)	
12.	BIRTHPLACE (city or lown) (State or country)	Other Contributory Causes of importence:
ER	13. NAME Lyfur Cosper	
FATH	14. BIRTHPLACE (city or town) (State or country)	Name of operation Dele of
ER	15. MAIDEN NAME Gallis & bunel	What test confirmed diagnosis?
MOTHER	16. BIRTHPLACE (city or town)	23. If death was due to external causes (ViOL ENCE) fill in also the following: Accident, suicide, or homicide?
×	(State or country)	Where did Injury occur?
17.	INFORMANT Mes. In through the Address) Selexoners	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, DR REMOVAL	Manner of injury
	Place Marstown Date all 2-9, 1932	Nature of injury
19.	UNDERTAKER A A A A A A A A A A A A A A A A A A A	24. Was disease or injury in any wey related to occupation of deceased?
20.	FILED Det 27, 1932, & May Junes Registrar.	(Signed) Huy Character Than M. D. (Address) Jake Teaner, Had.
-		(Address) (Addre

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1/01/-27. 3000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1000	July 5, 1927	Peritonitis	3 days ago	
	BUREAU				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Example I	80.	Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 ä should state

Exact statement of OCCUPA.

properly classified.

certificate.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

0

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	110 10 110 110 110 110 110 110 110 110
County Mccomics	Registration Dist. No. 333
Village or City Saleston, Md RD. #	2
(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredrsmos	ds. How long in U.S. if of foreign birth?ds.
2. FULL NAME Carried & Righan	dpou
(a) Residence: No P.D. #2 Salisting My	, St., Ward.
(Úsual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH OCT. 26 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Sallie V. Richardson	22. HEREBY CERTIFY, That I attended deceased from
Gir. D 14 1812	llast sowh in alive on Oct. 24 192 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	l last saw h alive on
70 / 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ware as follows: Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	mitech dem
2) Industry or business in which	- Cliffwill & Control
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this openation (month and	
O. Date deceased last worked at this occupation (month and spent in this	
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) //alstong	
(State or country) Mayland	Emanstoin
13. NAME Storge M. Michaelson 14. BIRTHPLACE (city of town)	
14. BIRTHPLACE (city of town)	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lah L. Hastings	23. If death was dua to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
(State or country) Marylange	Where did injury occur?
17. INFORMANT Group It Richardson (Address) D. A/2. Salving Md,	(Specify city or town, county and State) Specify whather lajury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMODAL	Manner of injury
Place alles Church leadie Ul 28, 19 57	Nature of injury
19. UNDERTAKER Holloway & Ca.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Johnson ma	If so, specify
20, FILED Oct 28 132. J. May Junes	(Signed) Od Colled M.P.
Registrar.	(Address) luby lew
16 man black A 11 11 6 . 7 .	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	73	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ADDITIONAL SPACE FOR	FURTHER STATEMENTS BY PHYSIC	IAN
	·	

V. S. No. 1

	Every item of infor-	CIANS should state	tement of OCCUPA-	
3	T RECORD.	Y. PHYSI	Exact stat	
BINDING	PERMANEN	EXACTI	ly classified.	ate.
FOR	SISAI	stated	proper	certifica
MARGIN RESERVED FOR BINDING	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
. No. 1	BWRITE PLAINLY, V	mation should be caref	CAUSE OF DEATH in	TION is very importan

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Maganica	Registration Dist. No. 333
Village or City Sea Dellman	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mos
2. FULL NAME alphus arbirator	Pohison
(a) Residence: No. M. Delinsan.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. 4f married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Oay) (Year) 22. HEREBY CERTIFY That Lattended deceased from
(or) WIFE of Haggel Ucrous	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) and 19 1866	I last saw han alive on Let 30 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1. D. A. m.
66 2 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Particular SAWYER, BOOKKEEPER, etc. Particular Profession of the same of	Esperal fremonlage & left 40 to
Industry or business in which work was done, as SILK MILL,	and for the first of the
kind of work done, as SPINNER CLUBER OF SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) spant in this occupation.	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Maryland.	Johnne Coma Eden
13. NAME augustus a Cohnson	
14. BIRTHPLACE (city or town)	Name of operation
(State of Edirity)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Ang Street 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Charles Profession (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Carrie State of or 2, 1932	Nature of injury
19. UNDERTAKER ALL S. Hard	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED NOV 1, 1932. D. Mary Junes Registrar.	(Signed) Attg mela M.D. (Address) Delinas Add
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE C	F MARYLAND-	CERTIFICATE OF DE	ATH 1	1344
1. PLACE OF DEATH		(82-00)		,
County Recorred	el	Registratio	on Dist. No.	35
Village or City Sharfe	town	NoNo	St.,	Ward
Length of residence in city or town where of		death occurred in a hospital or institution, give its NAds. How long in U.S. if of foreign birth?		
2. FULL NAME OWEN	It. Robins		yis	. 11105
LI TOLL IMAINE OF THE PARTY OF	1,0000200	A1. D. A. H. H. H. A. H.		
(a) Residence: No.	(Usual place of abode)	St., Ward.	ent give city or town a	nd State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH	
male 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct	1 21	, 1932
5a. If married, widowed, or divorced HUSBAND of		(Month)	(Day)	(Year)
(or) WIFE of Grance	L. Commerce	1 HEREBY CERTI	FY. That I attende	ed deceased from
6. DATE OF BIRTH (month, day, and year) FE	1 92 1880	l last saw h alive on Old	, 195	2; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at . G	R.m.	, ucatii is satu
52 7	21 I day,hrs.		auses of importance	,
Z Trede, profession, or particular	1 0	Cerebal Kems	walage	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dalesman		0	Jug 27/3/
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				1
10-Date decessed last worked at this occupetion (month and year)	11. Total time (years) spent in this occupation			
m.	8,	Other Contributory Causes of importance:		7
12. BIRTHPLACE (city or town) (State or country)		Thy puleuseo	~	
E 13. NAME Lotus It. C	Robinson			
13. NAME VOLUME 14. BIRTYPLACE (city or town)	nd	Name of operation	Date of	
1 (State of country)	G	What test confirmed diagnosis?	Wes there a	n autopsy?
15. MAIDEN NAME MANY (E) 16. BIRTHPLACE (city or town)	travenor	23. If death was due to external causes (VIOLENCE) fill in also the follow	ing:
16. BIRTHPLACE (city or town)	no.	Accident, suicide, or homicide?	Date of Injury	, 19
(State of Country)	Peline	Where did injury occur? (Specify city	or town, county and S	late)
17. INFORMANT Omma S. Cobinson (Address) Sharplo wil, Mt.		Specify whether injury occurred in INDUSTRY, in	HOME, or in PUBLIC I	PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury		
Place Pular Pular Date Date 4 ,1932		Nature of injury		
19. UNDERTAKER	own, mid	24. Was disease or injury In any way related to occ	upation of deceased?	
20. FILED O Skat 193.2 2	nang Ei Mann Registrar.	(Signed) Auht	efetor a	M. D.
Cocket If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. I	Vo. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

1. PLACE OF DEATH	
Mr.	2
County // Registration Dist. No. 3.3.3	
Village or City Salishung Manyland No. J. Maylor St., 5 (If death occurred in a horpital of Institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where death occurredyrsmosds How long in N.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Carrie Emma SCott	
(a) Residence Adartin to the Scholary Mar. 5 Ward.	
(Usual place of abode) If nonresident give city or town and State	Miner.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
Jemale Mule Modor (Month) (Day) (Yes	r)
5a. If married, widowed, or divorced HUSBAND of (CO) WIFE of (CO) 1 HEREBY CERTIFY that I attended deceased	from
(or) WIFE of L Henry & Scott Que 10 1032 to Car 24, 19.	32
6. DATE OF BIRTH (month, day, and year) July 22 - 1875 I last saw h the alive on Dely 24 , 193 ? Teath	s said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	
57 3 1 day,hrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular	onset
SAWYER, BOOKKEEPER, etc. Short falloy lines leguagealine ja	73
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
U 10. Date deceased last worked at 11. Total time (years)	
year) occupation	
12, BIRTHPLACE (city or town) Pultanille Other Contributory Causes of importance:	
(State or country) Mayland Dane Inline of the	
13. NAME Server Reggin Traplice 19	3/
13. NAME / Strand / Grant Name of operation Date of	
What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Many Carloin Winston 23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) State of injury Date of injury Date of injury 19	
(State or country) Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT WE Might William William Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) J. Maylf et Jaketong Mid.	
Place Litterille MA Par OU: 26 1922 Manner of injury	
Nature of injury	
19. UNDERTAKER Volloway & Co	
(Address) Saluting Manyland If so, specify	
20. FILED (Address) (Signed)	. M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done,

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF, DEATH	[3]
County Theomico	Registration Dist. No. 333
Village or City M. Silvan	No. St., 7 War
Length of residence in city or town where death occurred 56 yrsmgs	If death occurred in a horpital or institution, give its NAME instead of street and number) s. ——ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lidia) and Im	ixl
(a) Residence: No. M. Silvan, M.S.	St. 7 Ward.
(Usual place of Abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Of (Month) 30 (1937) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WHFE of J. J. Smill	22. CERTIFY. Pat 1 attended deceased from
6. DATE OF BIRTH (pronth, day, and year) (10, 1850.	Hast saw h. Lalive on att 39, 193 death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
8V 9 VO lay, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fettows:
8. Trada, profession, or particular kind of work done, as SPINNER, (A)	Date of onset
SAWYER, BOOKKEEPER, etc.	The pure
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Totat time (years) this occupation (month and	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). My	Diligi Conditional Consession importance.
(State or country) / Mulland	_
13. NAME Alliam gree	
13. NAME Allean The 14. BIRTHPLACE (city or town)	Name ef operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lettle Lurner	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Manual A	Accident, suicide, or homicide?
State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ACCURATE STATES AND ACCURATE AND ACCUR	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL	Manner of injury
Place Inda Plens // Apate 11/1/3 V, 19	Nature of injury
19. UNDERTAKER TO WELL & STRAION CO.	24. Was diseasa or injury in any way related to occupation of deceased? . 70
(Address) Jalis hung, Ma.	If so, specify
20. FILED PLOV 1 1932 & May Junes	(Signed) M.
Registrar.	(Address) Thlashing the
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eetton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
	11.43,71,10.00		1 year

10

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
			,

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. 8. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11349
1. PLACE OF DEATH .	159
Village or City Salsbury Md.	No Pen Lean Hospitalst. 13 Ward
(If Langth of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U. S. if of foreign birth? yrsmosds.
2. FULL NAME Infant of John an	4 Oddi. Lownsend.
(a) Residence: No. Stockton Md.	St., Ward.
(Usual place of abode)	St., Wald. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. SHEREBY CERTIFY. That I attended decaased from
6. DATE OF BIRTH (month, day, and year) 8 - 15 - 13 2. 7. AGE Years Months Days If LESS than	I last saw he aliva on death is said to have occurred on the date stated abova, at 400 m.
2 2 lday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	frema his Buth
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the compation (month and the compation).	
year) Cocupation No	Dither Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Salualung (State or country)	
	0
13. NAME John Johnson Williams 14. BIRTHPLACE (city or town) Stockton	Name of operation. Data of
(State of country) Maryland	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME addie Johnson	23. If death was due to external causes (VIDLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town) tockton,	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT Panisula Gene Hospital (Address) Latinatura Gene Hospital	Whare did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Public Cometery	Manner of injury
Place Salisbury Md, Date Wet, 12, 1932	Nature of injury
19. UNDERTAKER James F. Stewart (Addiess) Suladina Many C.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct 12, 1932. U. May Juisses. Registras.	(Signed) M. D.
If more blanks are needed, address State Registrar,:	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1931	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 7 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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4. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Wienniss	CERTIFICATE OF DEATH Registration Dist. No. 332
Village or City Passansana, Mop.	St.: Ward) (If death occurred a hospital or institution, give its NAME is stead of street as
2 FULL NAME Mr. Rendall Ha	nder drutt
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 NINGLE, MARRIED, Traviel WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH OR 3 (Nouth)—(Day) (Year)
G DATE OF BIRTH	that I last saw re- alive on
7 AGE (Month) (Day) (Year) 7 AGE If LESS that I dayhr	and that death occured on the date stated above, at 7 4 c. s. The CAUSE OF DEATH * was as follows:
82 yrs. 5 mos. 21 ds. or min doccupation (a) Trade, profession or particular kind of work	Brownia Duterstrap neplint
(b) General nature of industry	(Duration) 3 yre m >s
which employed or (employer) Jrunker	Contributory Secondary Cateurana Dysentey
10 NAME OF FATHER WILLIAM STRUKT	(Signed) Carles & Brown M
OF FATHER (State or country) (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Name Littleton	18 LENGTH OF RESIDENCE (For fiospitals, Institutions, Trainents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Davis M. Truit (Address) Renondrung md.	usual residence
	Promodura ma Och. 5. 19:

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully em-played, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Gracery:

Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesage. For many occupations a single word or term on fulness of various pursuits can be known. cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. definite salary), may be entered as Housewife, House weeter of the second statement. Vever return 'Laborer," "Foreman," "Munager," "Deal-Civil engineer. Physician, the first line will be sufficient, e.g.. Farmer or Plonter, Statement of Occupation Precise statement of oc-Housemaid, etc. If the occupation has been changed homehold only (not paid Housekeepers who receive a report yrs). Farm laborer, without more precise specification as specifically the occupations of persons en-Compositor. For persons (a) the kind of work and also (b) Stationary Jireman, et . But in many Laborer-Coul mine, etc. Architect, who have no occupation Locomolive engineer As example: c Bud

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the premary affection with respect to time and causation, using always the same accepted term for the same dise se. E :amples: ('crebrospinal fover (the only definite synonym is "I pidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia": Lobar uncumonia. Bronchopnoumonia "Pneumonia."

> "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Fxhaustion," "Heart failure," "Haenorrhage," "Shock," "Old Age," "Shock," State cause for which surgical operation was under-"PUERPERAL septicaenia," "PUERPERAL perilonilis causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences e g., se, se, accident; Revolver wound of head-homicide: Poiso at by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HO. HICH. A., taken. diseases Burdooy unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. approved tetanus) may be stated under the head of "contributory carbolic acid - probably suicide. The nature of their jury, Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJU. Y resulting from childbirth or miscarriage by Committee on cough, for malignant neoplasms); Chronic etc. valvular heart Nomenclature The contributory Meusles ; disease; death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

H	
MARGIN	
3	

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11351
1. PLACE OF DEATH	(3)
County Micrones	Registration Dist. No. 333
Village or City Mear Sharftown	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) s ds. How long in U.S. if of foreign birth?
2. FULL NAME Amies M. July	2,
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Col, S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Of (Month) (Day) (Year)
5a. If married, widowed for divorced HUSBAND of (or) WIFE of Jacob R. Jule,	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 26, 1905	I lest saw h alive on Qcf (0, 19 3 L; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at
27 2 20 1 day,hrs	mere as follows:
8. Trade profession or particular	Date of onset
kind of work done, es SPINNER, Avuse Wife, SAWYER, BOOKKEEPER, etc.	Aulmonas The.
kind of work done, es SPINNER, A wase Wife 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end) 11. Total time (years) spant in this	
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Selaware	Other Contributory Causes of importance:
(State or country)	
13. NAME OMEST Watturelds	
13. NAME ONE of Wastureds 14. BIRTHPLACE (city or town) Md,	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME DURANA of ooks 16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT also f. Vill. (Address) Weliballer Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR, REMOVAL	Manner of injury
Place Syllotics Date Col 18 1932	Nature of injury
19. UNDERTAKER TIN, Gravenor Helog.	24. Was diseese or injury in any way related to occupation of deceased?
20. FILED Oct, 18, 1932 Mary E. Mann	(Signed) & allen deld, M. Dy
Registrar.	(Address) Monther be Migh
If more blanks are needed, address State Registrar	2471 N Charles Street Baltimore Requesting 7) S No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS	BY	PHYSICIAN
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OCCUPA-

B.I ż

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11352			
1. PLACE OF DEATH	70			
Comments	Registration Dist. No. 333			
County Daniel	hegistration bist. No.			
Village or City 5 westerny way.	No. If death occurred in a hospital or institution, give its NAME instead of street and number)			
FC	is. 3 ds. How long in U. S. if of foreign birth? yrs			
Line 11 Kriss				
2. FULL NAME	C. T.			
(a) Residence: No.	If nonresident give city or town and State			
(Usual pluce of abode)	V			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH			
+ Quale Weela single	(Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from			
1027	10-15- 1932 10 10-18- 1982			
6. DATE OF BIRTH (month, day, and year) June 12 1932	1 last saw h 2 alive on 10 - 18 , 193 C death is seid			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at B			
4 wo, 6 lay, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8 Trade profession or particular	meeting dearl 10-13			
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.	46			
9. Industry or business in which				
work was done, as SILK MILL, SAW MILL, BANK, etc.				
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation				
uid.	Other Coutributory Causes of importance:			
12. BIRTHPLACE (city or town) (State or country)				
I 13. NAME It droved gours				
14. BIRTHPLACE (city or town) Maine	Name of operation			
(State of country)	What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME Call Sylveny 16. BIRTHPLACE (city or town) www.	23. If death was due to external causes (VIOLENCE) fill in also the following:			
5 16. BIRTHPLACE (city or town) NOW. LOWING	Accident, suicide, or homicide? Date of injury, 19			
State or country)	Where did injury occur?			
17. INFORMANT Harold arthurs	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
(Address) Pethyrile M.d.				
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Place illsville M. P. Date VCJ-20, 1932	Nature of injury			
Ma Haman 1 715-00				
19. UNDERTAKER OF CONTROL OF CONT	24. Was disease or injury in any way related to occupation of deceased?			
10-410 nn 1/1/2. 09	If so, specify			
20. FILED (21 /9, 1932, 8. May June				
Registrar.	(Address)			

If more blanks are meded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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